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APPLICANTS

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** CONTINUING DATA *****

~~This appln claims benefit of 60/462,408 04/10/2003 *~~

(*)Data provided by applicant is not consistent with PTO records.

Correct Data
60/462,508
4/11/2003

S.L.

** FOREIGN APPLICATIONS *****

NONE

S.L.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>S.L.</i>			
Verified and Acknowledged	INITIALS <i>S.L.</i>			

ADDRESS

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TITLE

Combinatorial affinity selection

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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